

Community Pathways Waiver – **REVISED PROPOSAL Draft**

Service Type: Statutory Service

Service (Name): Adult Day Health

Alternative Service Title: **MEDICAL DAY CARE**

HCBS Taxonomy:

Check as applicable

☐ Service is included in approved waiver. There is no change in service specifications.

☒ Service is included in approved waiver. The service specifications have been modified.

☐ Service is not included in the approved waiver.

Service Definition:

A. Medical Day Care (MDC) is a medically supervised day program.

B. Medical Day Care includes the following services:

1. Health care services;
2. Nursing services;
3. Physical therapy services;
4. Occupational therapy services;
5. Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene;
6. Nutrition services;
7. Social work services Activity Programs; and
8. Transportation services.

SERVICE REQUIREMENTS:

- A. A participant must attend the Medical Day Care a minimum of four (4) hours per day for the service to be reimbursed.
- B. Medical Day Care services cannot be billed during the same period of time that the ~~individual participant~~ is receiving other ~~day or employment~~ waiver services.
- C. This waiver service is only provided to ~~individuals~~ participants age 21 and over. All medically necessary Medical Day Care services for children under age 21 are covered ~~in~~ under the ~~Medicaid S~~state ~~plan~~ Plan pursuant to the Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) benefit.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies)

☐ Participant Directed as specified in Appendix E

☒ Provider Managed

Specify whether the service may be provided by (check all that applies):

☐ Legally Responsible Person

☐ Relative

☐ Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

| | |
|-------------------|----------------------------|
| Provider Category | Provider Type Title |
| Agency | Medical Day Care Providers |

Provider Specifications for Services

Provider Category: Agency

Provider Type: Medical Day Care Providers

Provider Qualifications License (specify):

License (specify):

Licensed Medical Day Care Providers as per COMAR 10.09.07

Certificate (specify):

Other Standard (specify):

Verification of Provider Qualifications Entity

Responsible for Verification:

• ~~Maryland~~ Department of Health ~~and Mental Hygiene~~

• **Frequency of Verification:**

- Every 2 years and in response to complaints